



Victim Compensation Program Materials Request Form

Send completed forms to: Victim Compensation and Government Claims Board
PO Box 3036, Sacramento, CA 95812-3036
Or fax to: 916-323-4626 Attn: Legislation and Public Affairs

ORGANIZATION NAME		DATE
MAILING ADDRESS	REQUESTED BY	
CITY	STATE	ZIP
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	

TITLE	QUANTITY					
VICTIM COMPENSATION PROGRAM INFORMATION	5	25	50	100	300	500*
VICTIM APPLICATION FOR CRIME VICTIM COMPENSATION						
FAMILY MEMBER OR DEPENDENT VICTIM APPLICATION FOR CRIME VICTIM COMPENSATION						
COMPENSATION FOR VICTIMS OF VIOLENT CRIMES BROCHURE WITH APPLICATION & BUSINESS REPLY ENVELOPE						
COMPENSATION FOR VICTIMS OF VIOLENT CRIME BROCHURE W/APPLICATION						
COMPENSATION FOR VICTIMS OF VIOLENT CRIME BROCHURE						
YOUR RIGHT TO APPEAL BROCHURE						
LAW ENFORCEMENT JOB-AID						
VCP BILINGUAL POSTER (VIOLENCE HURTS EVERYONE)						
VICTIM COMPENSATION CONNECTION NEWSLETTER						
RESTITUTION FOR VICTIMS BROCHURE						
VCGCB ANNUAL REPORT, SPECIFY FISCAL YEAR:						
OTHER						

NO CHARGE FOR MATERIALS, SHIPPING OR HANDLING.

ANY REQUESTS OVER 500, PLEASE CONTACT BY SANDY DAVIDSON BY PHONE AT 1-(916)-324-0402 OR EMAIL, sdavidso@vcgcb.ca.gov.

You may also visit our website at www.victimcompensation.ca.gov to download many of these publications.